

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036369
4835 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED SEP 18 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
7 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Research Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Bourbon

c. CITY OR TOWN Garland

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
Rural Route # 1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
Alva L. Pellett

4. DATE OF DEATH
Month Day Year
September 2, 1963

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-11-1895

9. AGE (last birthday)

68

IF UNDER 1 YEAR, IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Bourbon Co., Kans.

12. CITIZEN OF WHAT COUNTRY
U. S.

13a. FATHER'S NAME

Ezra Pellett

13b. MOTHER'S MAIDEN NAME

Lillie Garber

14. NAME OF HUSBAND OR WIFE

Mrs. Helen Pellett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes W. W. I.

16. SOCIAL SECURITY NO.

17. INFORMANT

Helen Pellett, Garland, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary artery - atherosclerotic Heart Disease (year)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-26-63 to 9-2-63 and last saw him alive on 9-2-63
Death occurred at 1:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Martin J. Mueller M.D.

22b. ADDRESS

22c. DATE SIGNED

9-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
8-2-63
9-3

23c. NAME OF CEMETERY OR CREMATORY

Garland

23d. LOCATION (City, town, or county)

Bourbon County, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure Funeral Home K.C., Mo. 9-3-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1
2 81501
3
4 0
5 1
6
7 1
8 2
9 4201
10
11
12 64-0
13

Dr. Mueller Martin
316 No. 1st St.
Evan 3-212 8th

SEP 19 1963

OCT 14 1963

SEP 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Tracy McCurdy

Licensed Embalmer No.

5125

P. O. Address

R.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.